

BizCover for Brokers

Claim Form



IMPORTANT NOTICES

- Please read this Claim Form fully before completing it.
- This Claim Form is to be completed by or on behalf of the Insured.
- All questions that apply to your claim must be answered as fully as possible.
- Please complete and attach additional pages if necessary and attach copies of all relevant documentation.

Filling in this form

For all claims – *complete section 1*

- **Public & Products Liability claims** *complete sections 1, 2, 4, 6, 7, 9 and 10*
- **Professional Indemnity, Management Liability, IT/Cyber Liability, Tax Audit, Crime, Employment Practices Liability and Statutory Liability claims** *complete sections 1, 2, 6, 7, 9 and 10*
- **Damage to Glass, General Property, Contents, Portable Equipment, Business Interruption and Transit claims** *complete sections 1, 2, 4, 5, 8, 9 and 10*
- **Theft, Employee Dishonesty and Money claims** *complete sections 1, 2, 3, 8, 9 and 10*
- **Machinery and Deterioration of Stock claims** *complete 1, 2, 4, 8, 9 and 10*

If you have any questions regarding the completion of this form, please contact us on **1300 295 262**.

1. Your details

Policy number				
Policy period				
Type of policy				
Name of Insurer				
Name of Insured				
Postal address				
	Suburb/Town		State	
			Postcode	
Phone number				
Email address				
Is there any other insurance that may be applicable to this notification? If so, provide full details				

2. Incident details

Date of Incident		Time	
Where did the incident occur?			
Who discovered the loss or damage?			
When was the loss or damage first discovered?			
Were the premises securely locked at the time of the incident?	☐ No ☐ Yes ☐ Not applicable		
Please describe what happened			

3. Police

Have you reported the incident to the police?	☐ No ☐ Yes	If yes , provide details:
Police station		
Date and Time reported		
Police report number		

4. Ownership

Are you the sole owner of the damaged or lost property?	☐ No ☐ Yes	If no , provide details of the other owner/s:

5. Responsible party

Do you know the name and address of the party that may be responsible for this incident?

☐ No ☐ Yes If **yes**, provide details:

Name

Address

Telephone

Witnesses

Name

Address

Telephone

6. Third party claims

Claimant's full name

Postal address

Phone number

Email address

When did you first become aware of the claim or potential claim?

Has a demand been made against you?

☐ No ☐ Yes If **yes**, provide details:

Does the claim involve a product that you manufactured or supplied to another person?

☐ No ☐ Yes If **yes**, provide details of the product:

Detailed outline of the claim

 Please attach a copy of all supporting documents including but not limited to retainer, letters of demand and court documents.

7. Admissions

Have you admitted responsibility/liability for the damage or injury?
(If not, do not do so)

☐ No

☐ Yes

If **yes**, please provide details:

8. Schedule of loss

Please provide full details of your loss. If there is insufficient space below please attach a separate piece of paper with the details.

Description of property damaged/stolen/lost	Year purchased	Replacement value	Cost of repairs (if damaged)	Amount claimed

 To avoid delays in processing your claim, please attach all supporting documents including but not limited to original invoices, receipts, manuals, pictures, reports and replacement quotes.

9. Goods and Services Tax (GST)

Are you registered for GST?

☐ Yes

☐ No

What is your ABN?

What is your entitlement to an Input Tax Credit?

 If you are not registered for GST in the event of a claim, your insurer will reimburse you the GST component in addition to the amount that they pay.

If you are entitled to an Input Tax Credit the GST component will be deducted from the settlement amount. As such, you may be able to claim the GST component as part of your tax return in the next financial year. Please consult your tax adviser.

Please visit below link to assist in understanding GST issues in the context of insurance settlements:

[www.ato.gov.au/Business/GST/When-to-charge-GST-\(and-when-not-to\)/Insurance-settlements](http://www.ato.gov.au/Business/GST/When-to-charge-GST-(and-when-not-to)/Insurance-settlements)

10. Funds transfer

In the majority of cases your insurer will settle your claim by authorising repair or replacement of your damaged or lost property through a repairer or a supplier. However, there will be occasions where a payment will be made to you.

In order that we may transfer settlement funds direct to your account we request that you provide your banking details.

Bank

Account Name

Account No.

BSB No.

Privacy statement

At BizCover for Brokers (BizCover), we are committed to protecting your privacy in accordance with the Privacy Act, 1988 (Cth) and the Australian Privacy Principles. We collect personal information from you, your agents and people involved in this claim to assist your insurer in investigating or processing the claim, to improve our customer service and products and to carry out research and analysis, including data analytics. This may include collection from third parties claiming under the policy, witnesses and medical practitioners. Failure to disclose information required may result in your insurer not being able to administer or declining the claim.

BizCover may disclose your information to:

- your insurer or their agents, contractors or third-party providers providing services related to the administration of the claim;
- assessors, third party administrators, emergency providers, retailers, medical providers, or any third parties or insurer from whom your insurer requires claim related information;
- entities to which BizCover is related and third party providers for data analytics functions; and
- government, law enforcement, dispute resolution, statutory or regulatory bodies, or as required by law.

Some of these entities may be located overseas.

Our Privacy Policy is available at www.bizcoverforbrokers.com.au or by contacting us on **1300 295 262** and contains information about how you may access and correct your personal information, how to complain about a breach of the applicable privacy principles and how BizCover will deal with such a complaint.

By providing us with personal information you and any other person you provide personal information for, consent to these uses and these disclosures unless you tell us otherwise. If you wish to withdraw your consent, including for things such as receiving information on products and offers by us or persons we have an association with, please contact us.

Declaration

1. I/We certify that the information given in this form is truthful accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.
2. I/We authorise my insurer and its agents to give to, or obtain from, other insurers or any insurance reference bureau, any information relating to this claim or any other claim made by me/us or any insurance held by me/us.
3. I/We agree to immediately notify BizCover for Brokers if any stolen or lost property forming part of this claim is recovered or found.
4. I/We acknowledge that my insurer may make its decision on whether and the extent to which may claim is covered having regard to the information I have provided as part of and accompanying this claim form.

Name

Date

Insured's
Signature



Email this completed form along with any supporting documents to claims@bizcover.com.au

 **To avoid delays in processing your claim, please attach all supporting documents including but not limited to original invoices, receipts, manuals, pictures, reports and replacement quotes.**

Head Office

Level 13, Tower 2, Darling Park
201 Sussex Street, Sydney NSW 2000

T: 1300 295 262

E: claims@bizcover.com.au

